

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/049627</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2		1					52
3							53
4		1					54
5		1					55
6		1					56
7		1					57
8		1					58
9		1					59
10		1					60
11		1					61
12		1					62
13		1					63
14		1					64
15		1					65
16		1					66
17		1					67
18		1					68
19		1					69
20		1					70
21		1					71
22		1					72
23		1					73
24		1					74
25		1					75
26		1					76
27		1					77
28		1					78
29		1					79
30		1					80
31		1					81
32		1					82
33		1					83
34		1					84
35		1					85
36		1					86
37		1					87
38		1					88
39		1					89
40		1					90
41		1					91
42		1					92
43		1					93
44		1					94
45		1					95
46		1					96
47		1					97
48		1					98
49		1					99
50		1					100
TOTAL IND.	2						
TOTAL DEP.	16						
TO. CLAMS	18						